



# State of New Hampshire

## DEPARTMENT OF SAFETY

Richard M. Flynn, Commissioner of Safety

### *Division of State Police*

James H. Hayes Safety Building, 33 Hazen Drive, Concord, NH 03305

271-2575

Speech/Hearing Impaired  
TDD Access: Relay NH  
1-800-735-2964

**Colonel Frederick H. Booth**

To: Probationary Trooper Applicant - Spring 2005 Process

From: Sergeant Scott A. Sweet  
Recruitment and Training Unit

Subject: Pre-Physical Agility Test Medical Examination

Upon successful completion of the NH State Police Probationary Trooper written examination, you will be invited to participate in the physical agility test scheduled for afternoon sessions on the same day as the written test.

In order to participate in the physical agility test, you **MUST** have the attached medical form completed. You may want to schedule an appointment as soon as possible. Be advised that we will **NOT** accept medical forms completed prior to **November 1, 2004** in order to ensure we have an accurate and valid indication of your health.

Either a physician, physician's assistant, or nurse practitioner may complete this form. Prior to leaving the medical office, review this form for accuracy and completeness. If you have any questions, please call (603) 271-2728.

**Please bring the completed form to the written examination.**



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Dear Doctor:

Please print:

Your patient's name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_

is planning to participate in the fitness assessment test given to NH State Police Probationary Trooper applicants. The test involves a single bench press, sit-ups, push-ups, and a 1½ mile indoor run.

Applicants must have this form completed prior to participating in the test. **EACH SECTION MUST BE COMPLETED IN FULL.**

### **VISUAL ACUITY (If applicant wears corrective lenses, test and record with and without lenses)**

a. Without corrective lenses: Right: 20/	Left: 20/	Binocular: 20/	Depth perception
b. With corrective lenses: Right: 20/	Left: 20/	Binocular: 20/	Color perception
c. Pupils: Equal?	Reaction?		
d. Form fields of vision (temporal):			
(Record degrees of fields obtained by instrumentation or confrontation above)			
Right eye:		Left eye:	
Each eye on zero line:			
e. Note evidence of disease or injury:			

### **CARDIOVASCULAR SYSTEM (Complete each block)**

Type of Activity:	Blood Pressure	Pulse Rate	Sounds	Rhythm
a. At rest				
b. Immediately following moderate exercise				
<b>***Moderate exercise may include jumping jacks and/or running in place for 3 minutes.***</b>				
c. Three minutes after exercise				
d. Note circulation to extremities:				
e. Note any abnormalities:				

\_\_\_\_\_ I know of no reason why this applicant may not participate in the physical fitness test.

\_\_\_\_\_ I recommend the applicant NOT participate in the physical fitness test.

Doctor's Name (Please print): \_\_\_\_\_ Tel. No.:(\_\_\_\_)\_\_\_\_\_

Doctor's Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_